

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 4 — 0 0 7

2. STATE:

Pennsylvania

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

January 1, 2004

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447 Subpart F

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 0

b. FFY 2005 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A Pages 2aa and 2e

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1A Pages 2aa and 2e

10. SUBJECT OF AMENDMENT:

Medical Assistance Program payment policies.

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:Review and approval authority has been
delegated to the Department of Public
Welfare

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Estelle B. Richman

13. TYPED NAME:

Estelle B. Richman

14. TITLE:

Secretary of Public Welfare

15. DATE SUBMITTED:

16. RETURN TO:

Commonwealth of Pennsylvania
Department of Public Welfare
Office of Medical Assistance Programs
Bureau of Policy, Budget and Planning
P.O. Box 8046
Harrisburg, PA 17105**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

4/2/04

18. DATE APPROVED:

JUN 28 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/04

20. SIGNATURE OF REGIONAL OFFICIAL:

Harry A. Misch for Mary T. MCSorley

21. TYPED NAME:

MARY T. MCSORLEY

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

SERVICE	LIMITATIONS
4.c. <u>Family Planning Services and Supplies</u>	<u>Limitations on payment</u> – Service must be under the supervision of a physician. (1) Payment will not be made for any medical services, procedures, or pharmaceuticals related to treating infertility.
5.a. <u>Physician's Services</u> furnished in office, patient's home, hospital, skilled nursing intermediate care facility, hospital emergency room, birth center, renal dialysis facility (M.D. & D.O.)	<u>Limitations on payment</u> -- The following limits apply to payment for compensable services: <ol style="list-style-type: none">1. Two (2) inpatient consultations per hospitalization.2. Eyeglasses – one (1) full pair or two (2) lenses per 12 month period for persons referred by the County Assistance Office or receiving eyeglasses under the EPSDT Program.3. The maximum allowable payment to a physician per hospitalization per recipient is \$1000 unless a procedure provided during the hospitalization has a fee which exceeds \$1000, in which case that fee is the maximum reimbursement for the period of hospitalization.4. The maximum allowable payment for outpatient services to a physician per recipient per day is \$500 unless the outpatient procedure has a fee which exceeds \$500, in which case the fee is the maximum reimbursement on a daily basis, for that day only.5. Payment will not be made for services provided to more than two (2) persons during a visit to a recipient's home no matter how many others are seen.6. Vision examinations are limited to two per year.7. Payment for two or more surgical, obstetrical or anesthesia services performed by the same physician is limited to 100% of the allowable fee for the highest paying procedure and 25% of the second highest paying procedure. No payment is made for any additional procedures.8. Payment for surgical, obstetrical and anesthesia services include the inpatient preoperative and antepartum care as well as all postoperative and postpartum care in the hospital and outpatient visits during the number of postoperative or postpartum days specified for each procedure in the Medical Assistance Program Fee Schedule. Additional payment will be made for visits for treatment of medical or surgical conditions if the diagnosis is different and unrelated to the surgery.

SERVICE	LIMITATIONS
5.b. Medical and Surgical Services furnished by a Dentist (continued)	3. Payment for two or more surgical procedures performed by the same dentist is limited to 100% of the allowable fee for the highest procedure and 25% of the second highest paying procedure.
6. <u>Medical Care</u> and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law.	
6.a. Podiatrists' Services	<u>Limitations on payment</u> – The following limits apply to payment for compensable service: <ol style="list-style-type: none">1. Payment for debridement and treatment of mycotic nails is limited to one per month per recipient.2. The maximum allowable payment to a podiatrist per hospitalization per recipient is \$1000 unless a procedure provided during the hospitalization has a fee which exceeds \$1000, in which case that fee is the maximum reimbursement for the period of hospitalization.3. The maximum allowable payment to a podiatrist for outpatient services per recipient during one day is \$500 unless the outpatient procedure has a fee which exceeds \$500, in which case the fee is the maximum reimbursement on a daily basis, for that day only.4. Payment is limited to one (1) visit (e.g. office, home inpatient care, or nursing facility) per recipient per day per individual provider.5. Payment for surgical services include the inpatient preoperative care and all post operative care in the hospital and outpatient visits during the number of post-operative days specified for each procedure code in the Medical Assistance Program Fee Schedule. Additional payment will be made for visits made for treatment of a medical or surgical condition if the diagnosis is different and unrelated to the surgery.